2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 25, 2005 8:00 am Secretary of State DOCUMENT # N45289 1. Entity Name . . L 03-25-2005 90023 006 ****61.25 CITRUS COUNTY SENIOR SPORTS ASSOCIATION, INC. Principal Place of Business Mailing Address 4728 N. MAPEVIEW WAY 4728 N. MAPEVIEW WAY **BEVERLY HILLS FL 34465 BEVERLY HILLS FL 34465** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-3081869 Not Applicable 7ip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LA FRANCE, ALFRED T 4728 S. MAPLEVIEW WAY Street Address (P.O. Box Number is Not Acceptable) **BEVERLY HILLS FL 34465** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed harne of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAFRANCE, ALFRED T NAME NAME 4728 N. MAPLEVIEW WAY STREET ADDRESS STREET ADDRESS **BEVERLY HILLS FL 34465** CITY-ST-ZIP CITY-ST-ZIP VPD Delete Change ☐ Addition DIMARIO, PAUL F 9740 N. EMELLIA AVE. STREET ADDRESS STREET ADDRESS **DUNNELLON FL 34433** CITY-ST-ZIP CITY-ST-ZIP TITLE 🔀 Delete □ Addition ☼ Change NEWLANDS, ED WIN-5145 BUCKSKIN DR. WINBURN, JACK NAME NAME 819 N. LAFAYETTE STREET ADDRESS STREET ADDRESS BEVERLYHILLS, FI 34465 **INVERNESS FL 34453** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PALMER, BURKHARDT NAME NAME 6385 N. SHOREWOOD DR. STREET ADDRESS STREET ADDRESS HERNANDO FL 34442 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ■ Addition DOCHERTY, JEAN NAME NAME 550 W. SAND OAK COURT STREET ADDRESS STREET ADDRESS BEVERLY HILLS FL CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information